Illinois HIV Planning Group (ILHPG)

April 15, 2016, 10:00 am-12:30 pm Meeting Minutes

- Welcome; introduce co-chairs, facilitator and presenters; and acknowledge moment of silence (5 minutes)
  The Co-chair and Parliamentarian welcomed everyone to the webinar; reminded everyone about the primary goal of the HIV planning group and why we are here, including recognizing the importance of the valuable input we receive from membership and community stakeholders throughout the process of developing and updating our state's HIV prevention plan; introduced the facilitator and presenters; and acknowledged a moment of silence for everyone past and present living with HIV and everyone working to stop new HIV infections and improve the health and lives of PLWH.
- Review formally adopted agenda (5 minutes)
  The approved agenda for the webinar meeting was formally reviewed with attendees.
- Webinar process, Attendance/Roll call; Announcements (15 minutes)
  - Webinar meeting, online meeting survey, and online discussion board instructions
    The facilitator reviewed instructions for the webinar, including where to access materials and presentations for the meeting.
  - Announce logged in members and take roll call of other voting members to verify quorum
    Roll call was taken and announced. The facilitators verified there was a quorum of voting members present.
  - ILHPG Leadership
    The Co-chair acknowledged and introduced the leadership of the ILHPG.
  - Voting protocol
    The Co-chair reviewed the protocol for voting with members. She noted that it was of particular importance today since a vote is scheduled to take place during the webinar.
  - Announcements
    - » Member updates
      The Co-chair announced that Region 4 had appointed a new RIG rep from the region. She is Debrah (or Debbie) Knoll from Madison County Health Department. Debbie was welcomed to the group. Debbie has already gone through new member orientation and she is officially now a voting member.
    - » 2016 Cumulative voting and non-voting member meeting attendance log
      The Co-chair noted that the updated attendance rosters for ILHPG meetings and for committee calls had been sent to members for review prior to the meeting. These had been updated to credit those who viewed any of the January -March webinars

that had been recorded and archived on the website. Members were asked to review the spreadsheets and let Janet know if there were any corrections needed. Members were also reminded that they were still able to view those webinars and get attendance credit for any meetings except for ones where there are scheduled votes taking place.

» Reminder: Upcoming May 19th Integrated webinar meeting and May 20th ILHPG webinar meeting

The Co-chair reminded members of the upcoming May meetings and what the focus areas and content of each meeting will include and the importance of these presentations, group discussion, and resulting recommendations into elements of the Integrated HIV Plan.

» Meeting Documents and Posted Reports/Updates:

- Committee, Liaison and Regional Lead Agent, RIG Rep, and IDPH HIV Section reports

The Co-chair reminded attendees that these documents are all located on the ILHPG webinar webpage. The full webinar presentation and full documents of items being presented or referenced during today's webinar were sent out to members for review in advance of the meeting.

» Review meeting objectives and concurrence checklist

The Co-chair reviewed the objective for the meeting and the concurrence checklist for the Integrated Plan that the Integrated Planning Steering Committee has approved. There will be further more detailed review of this checklist and education about the elements that should be taken into consideration for concurrence before the upcoming May meeting of the Integrated Group. The RW Program will do the same for its members.

» Other – 2016 HIV/STD Conference

The Co-chair announced that through March 25th, including people who have gone back to view recordings of previous webinars conducted this year, we have had 61 attendees/representatives from agencies, in addition to our voting members and regular non-voting members participate in our webinars. That is good.

» Other – 2016 HIV/STD Conference

The Co-chair announced that we received formal approval that we will have an HIV/STD Conference this year. At this time, the plan is that there will be an afternoon pre-conference sessions on Oct. 25th, a full conference day on Oct. 26th, and sessions on Oct. 27th closing with a plenary lunch. We are planning for a morning meeting of the full Integrated Planning Group on Oct. 25th. We plan to cover the cost of registration and lodging at the conference hotel for voting members as well. More details will follow as plans are finalized. Planning group members and other community stakeholders interested in being part of the planning committee and serving on a track were instructed to email Courtney Harris in the IDPH HIV Training Unit.

- Presentation, discussion, and vetting by the ILHPG Epidemiologic Profile/Needs Assessment Committee and ILHPG membership on recommended prioritized populations for targeted HIV prevention services to include in the 2017-2021 Jurisdictional Plan (40 minutes)

Candi Crause and Tobi Velicia-Johnson, ILHPG Epi/NA Committee Co-chairs

– Input, Discussion, Take-away points (15 minutes)

The Co-chairs of the Epi Profile/Needs Assessment Committee provided an overview of the work the committee had done to define prioritized populations for 2017 targeted prevention services to ensure services were reaching the populations and areas bearing the greatest burden of HIV infection. HIV incidence, prevalence, and late diagnoses data from Illinois outside of Chicago was analyzed and weighted to determine the rankings. MSM are still the highest priority, with HRH second, IDU third, and MSM/IDU fourth. Ranking was then done within the subpopulations. Black MSM is now the highest prioritized group by

race/ethnicity and risk. IDU has fallen from 10.8 to 6.4% which can be credited to our syringe exchange program, harm reduction, and targeted testing of IDUs, but that does not mean we should let up on these services. Transgender individuals, people made vulnerable by incarceration and domestic violence may be prioritized in risk groups based on personal histories and risk assessment. We recommend we continue to prioritize PLWH for services based on their reported risks and PLWH with no reported risks are prioritized for biomedical interventions such as linkage and retention in care and treatment adherence. We recommend we continue to prioritize each region's scopes based on the regional epi and needs assessment. Based on social determinant analyses, prevention efforts should target African Americans, especially MSM, who are disproportionately-infected with HIV, as well as populations with high rates of late diagnoses, such as Blacks and Hispanics.

Comments and Questions:

-Lesli commended the presenters for an excellent presentation.

-Perry asked is we had any statewide data on how services delivery has shifted due to the budget situation. Janet and Curt both stated that that would be presented at the May 19th Integrated Planning webinar.

-Jeffery asked how flexible the prioritization process is and can it respond to outbreaks and things that emerge in the population such as the Zika virus. Candi stated that prioritization is allowed to happen at the regional level to further prioritize within the region. Curt also stated that we allocate dollars and scopes for no-scoped services that can be used by the region to meet emerging needs. Janet stated that in terms of the prioritized populations, this process is conducted by the ILHPG annually, but in the case or emerging trends or outbreaks, this can be revisited, if needed.

-Chris stated that he agreed with the spirit of the Committee's work but still wanted feedback on how Chicago's prioritized populations differ from the state's and would like some further information on how we can further identify prioritized populations (such as using zip code data in highly affected areas) to ensure we are using a high impact prevention approach and reaching the hardest hit populations. Chris stated he could not support a hybrid approach to prioritizing populations.

-The Co-chair responded that the Priority Populations setting process used by the Epi/NA Committee does use a high impact prevention approach to target the hardest hit populations. It is a three step process – Step 1 involves the ranking of the weighted averages of incidence, prevalence, and late diagnoses data by risk group (exposure category) and then sub-prioritized within each risk group by race/ethnicity. Step 2 involves using epidemiologic, sociodemographic and needs assessment data to identify special considerations that should be made and significant trends, disparities and health inequities we are seeing in the risk groups. Step 3 then involves doing a regional gap analysis to determine regional funding and region-specific targeting of risk groups and populations and assessment of regional trends and specific prevention needs.

-Chris stated that that somewhat addressed his concerns but not fully. He said that in the future he would like to see the Epi/NA Committee further delineate and prioritize special populations such as transgender individuals and African American PLWH in the correctional system.

Action Item: The Co-chair asked Cynthia Tucker to follow up with CAHISC on its priority populations for prevention and how its determinations are made. Cynthia agreed to do so.

Response from Patrick Stonehouse, Director of HIV Prevention, CDPH, received Tuesday, April 26th:

"… We don't really have a document depicting our process for determining priority populations. We had one in the past and are in the process of putting together something more functional, involving not just our surveillance data but also the information we are gathering from our external evaluator and our efforts to expand the reach of Partner Services through delegate agencies.

Essentially, we assess geographic areas at highest burden of incidence and prevalence; break that down by route of transmission (high-risk sexual contact between men, injection substance use, high-risk sexual contact between male identified individuals and female identified individuals) and demographics (age, race, ethnicity, gender identity). Through ongoing conversations with our community partners (including but not limited to the Primary Prevention/Early Identification Committee of CAHISC), determine key points of intervention (primary prevention, testing, linkage, PWP, PWN) and areas of exploration (PrEP and PWP/N Demonstration projects) as well as special concerns/social determinants of focus (transgender individuals, individuals coming out of incarceration, individuals experiencing homelessness, etc.)

From our last HIV Prevention FOA (not the PrEP and Data to Care FOA), this is what that looked like:
Target populations include the following:
• Non-Hispanic Black MSM 13-19
• Non-Hispanic Black MSM 20-29
• Non-Hispanic Black MSM 30-49
• Non-Hispanic Black MSM 50+
• Non-Hispanic Black Female Heterosexual 20-29 • Non-Hispanic Black Female Heterosexual 30-49 • Latino MSM 13-19 • Latino MSM 20-29 • Latino MSM 30-49 • Non-Hispanic White MSM 13-19 • Non-Hispanic White MSM 20-29 • Non-Hispanic White MSM 30-49 • Non-Hispanic White MSM 50+

Special concerns populations include the following:
• Transgender Individuals
• Individuals involved in the Sex Trade
• Individuals with Physical & Developmental Disabilities • Non-English/Non-Spanish-Speaking Individuals • Homeless Individuals
• Post Incarcerated Individuals"

- Vote on ILHPG 2017 Priority Populations Recommendations to IDPH (10 minutes)

  After no further discussion, the Co-chair entertained a motion on the priority populations. A motion was made by Rev. Green and seconded by Fred Joiner to adopt the recommendations of the ILHPG Epi/NA Committee on the 2017 prioritized populations and points of consideration as presented by the Epi/NA Committee. A vote was taken and individual votes announced. The motion carried with a final vote of 21 in favor, 1 member present but not voting, and 4 members absent and not voting.

  Janet thanked the full group and the Epi/NA Committee members for their work.
- *Brief break (5 minutes) –A brief break was held.*
- 2016 Compiled Meeting Evaluations, Voting and Non-voting Membership Demographic Survey Overview, Membership Gap Analysis, Recruitment Priorities/Plans for 2017 – (30 minutes)

  Janet Nuss, IDPH ILHPG Coordinator
  - Input, Questions & answers, Take-away (10 minutes)

    The Co-chair provided an overview of the compiled results from ILHPG 2015 meeting evaluations. Overall, most responses were good or very good. We are striving for evaluations of our meetings in the webinar format to be good as well because we want them also to be effective and as engaging of the community. Your evaluations of the webinars are important so that we know

what we are doing well and what areas need improvement, so please remember to submit your evaluations. Please be assured that the ILHPG leadership and the health department are continually evaluating the webinar process and our meetings and making modifications every step of the way.

Comments/Questions:

Jill asked if the comments provided in the evaluations were recorded verbatim. The Co-chair said that we try to record the comments specifically as written so we do not alter the intent of the comment, but we will leave personal names out if they are mentioned in a negative or accusatory way, in accordance with our rules for respectful engagement.

The Co-chair then provided a summary analysis of voting and non-voting members by demographics, geographic areas, and areas of expertise/skills/representation. That information pointed to certain gaps in our membership. Based on analysis of the 2010-2014 distribution of HIV incidence outside of Chicago by race/ethnicity and risks, we were able to determine specific ranges for membership to ensure we are as representative as possible of the HIV risk groups and race/ethnicity and risk subgroups.

Based on this comparison, the following are the 2017 priorities for membership:

Our goal is to reach 30 voting members, which would mean adding 7 new members.

First Tier (highest priority) – none

Second Tier (still a priority but second highest) – 1 "other race" MSM, 1-2 Hispanic MSM, 1 young MSM, 1-2 MSM of any race/ethnicity from Region 2 or 4

Third Tier (still a priority but third highest) - 1 "other" race from any risk group other than MSM, 1 non-transgender youth, and 1 non-Hispanic transgender

We also recommend prioritizing the selection of 1-2 women living with HIV to the group.

The Co-chair said that the next steps will be working with the Membership Committee to update the scoring matrix to reflect these priorities, developing a cover letter and updating the application, and beginning active recruitment in June.

No questions or comments were offered from attendees.

- Public Comment Period/Parking Lot (15 minutes)

  No public comment requests had been made and there was nothing on the Parking Lot.

- Adjourn

  The meeting was formally adjourned.